

Section 5 Other Medicaid Child Health Services

A. EXPANDED EPSDT-RELATED SERVICES

Scope of Services

Medicaid recipients under 21 years of age are entitled to a broader scope of services than adults. These services are referred to as expanded EPSDT diagnostic and treatment services. For referral and pre-authorization contact the recipient's MCO or refer to the MCO Provider Manual regarding the following:

- Vision services including eye glasses ¹
- Nutrition counseling services ¹
- Inpatient and outpatient alcohol and drug treatment services ²
- Chiropractic care ¹
- Durable medical equipment and supplies ³
- Private duty nursing services ³

Some expanded EPSDT treatment services are not the responsibility of the MCO. Examples of services that are reimbursed through the Medicaid fee-for-service system include:

- Audiology services including hearing aids ^{*1}
- Occupational therapy ¹
- Physical Therapy ¹
- Speech and language therapy ¹
- Child care for medically fragile children ^{*2}
- One-to-one Therapeutic Behavioral Aid Services ^{*2}

**Inquire about pre-authorization requirements*

For information about the above services, to inquire about other medically necessary services, or to obtain authorization for a service when the child is not enrolled in a MCO, contact the following:

¹Division of Hospital & Professional Services at 410-767-1722

²Division of Children Services at 410-767-1903

³Division of Nursing Services at 410-767-1448 or Division of Community Support Services at 410-767-1739

For information and pre-authorization for Mental Health Services including Therapeutic Behavioral Services, call **American Psychological Services (APS) Healthcare at 1-800-888-1965.**

Documentation of Referral For Services

When a suspected problem is identified during the child's health care examination, the primary care provider (PCP) may elect to treat the condition if it

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is within their scope of training and expertise. However, if the condition is outside the expertise of the PCP, complete a referral to a qualified specialist to evaluate, diagnose and/or treat the condition. Document the referral and include the follow-up summary report from the specialist in the child's chart.

When making the referral to the specialist for expanded EPSDT services, include complete name, degree and nine-digit MA number of the primary care provider. Use the *Maryland Uniform Consultation Referral Form* (Refer to Section 5 – Addendum) as required by regulation to facilitate referrals to specialty providers.

B. HEALTHCHOICE SELF-REFERRED SERVICES

These services are defined by HealthChoice regulations as services received from a provider outside the MCO network that do not require a referral from the PCP or pre-authorization from the MCO. The MCO is financially responsible for payment to the out-of-plan providers for the following services:

- Initial medical exam for a child in State-supervised care
- Emergency services
- Annual diagnostic and evaluation service for HIV disease
- Family planning services
- Newborn's initial medical examination in a hospital*
- Pregnancy-related services initiated prior to MCO enrollment
- Renal dialysis provided in a Medicare certified facility
- School-based health center services
- Initial Assessment for substance abuse treatment**

**In-plan providers who see newborns should seek reimbursement from the MCO*

***Refer to the Self-Referral and Emergency Services Manual for scope of substance abuse treatment permitted without a referral*

Providers may call **410-767-1482** to request the *HealthChoice Manual for Providers of Self-Referral and Emergency Services, April 2006*.

C. CHILDREN IN STATE-SUPERVISED CARE

Who is in State-Supervised care?

Children and adolescents under the care and custody of any state agency, per court order, including the Department of Human Resources (DHR) and the Department of Juvenile Services (DJS) are in state supervised care. All children in state supervised care can be enrolled in a Managed Care Organization. Children newly eligible for Medical Assistance will have fee-for-service coverage until enrolled in a MCO or up to 60 days, whichever occurs first.

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Role of the Screening Provider

Children in state-supervised care often need special consideration due to a history of family turmoil and inconsistent medical care. The very process of being placed in an unfamiliar setting is stressful. Often there are significant health problems that need immediate attention. Therefore, an initial examination must be completed within 5 days of entry into state-supervised care. The comprehensive screen, which includes a complete health history, developmental and mental health assessment, physical examination, age-appropriate laboratory testing, immunizations, dental assessment and referral, and health education/anticipatory guidance, must be completed within 60 days. However, if time permits, the comprehensive exam may be completed at the initial visit. Use the *Departments of Social Services Health Passport Form* to document all health care encounters for children in state-supervised care.

If the child already has Medicaid and is enrolled in a MCO bill the MCO. If the child has Medicaid but is not in a MCO, bill fee-for-service (FFS) Medicaid. If the DSS has not yet issued an MA number for the child, work with the caseworker to obtain the number and then bill FFS Medicaid.

Role of DHR and DJS Caseworker

The enrollee's caseworker from DHR or DJS assists the child in accessing needed medical services through the MCO, the PCP, or any other Medicaid provider as appropriate. The caseworker is responsible for ensuring that the initial examination and any follow-up medical services are scheduled according to mandated time frames. The caseworker works with the child's biological parents, child's caregiver (i.e., foster family, DJS facility) and other community resources, and the PCP to gather needed health history information. If the child is not already enrolled in Medicaid, it is the caseworker's responsibility to get the child enrolled.

Role of the Managed Care Organization

The initial medical examination for children in state-supervised care is a self-referred service. Therefore, if a child is in a MCO, it is the MCO's responsibility to reimburse out-of-network providers for this service within 30 days of rendering service. However, in-network MCO providers must obtain MCO authorization before rendering this service. Use the age appropriate CPT Preventive Medicine Service code for the initial examination (Refer to Section 6).

To assure continuity and coordination of care, request a liaison from the Managed Care Organization to assist the MCO-enrolled child in state-supervised care (Refer to Section 7 – Appendix V). The liaison expedites any change of network providers upon re-location of the child to a new geographic location. Additionally, the liaison ensures the transfer of the child's medical record to the new PCP. Contact the **Division of Children's Services at 410-767-1903** with questions about state supervised care.

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D. OTHER PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS

Rare and Expensive Case-Management Program (REM)

Children under 21 years of age who qualify for enrollment in HealthChoice, but who have certain medical conditions, may qualify to be enrolled in the Rare and Expensive Case-Management Program. If the child meets the criteria, the family may request enrollment in REM. Participation in the REM program is voluntary.

Some examples of identified conditions which qualify children for the Program include spina bifida, cystic fibrosis, hemophilia, congenital anomalies, degenerative disorders, and metabolic and blood disorders. Refer to the MCO provider manual for the complete list of REM diseases.

Families electing to have their child enrolled in the REM Program receive services through the Medicaid fee-for-service program rather than through MCOs. Therefore, any Healthy Kids Program certified Medicaid provider can provide preventive care to REM participants. REM recipients receive case management services and are eligible for all Medicaid covered services. In addition, certain Waiver services are available if medically necessary and approved by the Medicaid program.

The MCO or the PCP can initiate a referral to the REM program by using the *REM Intake and Referral Form* (Refer Section 5 – Addendum). For questions about referrals, eligibility, grievances, services and case-management call the **Rare and Expensive Case Management Program at 1-800-565-8190**.

Maryland Healthy Start Program

Healthy Start is a Medicaid Program that reimburses local health departments for the provision of targeted case-management services to pregnant women and children less than 2 years of age with certain risk factors. Newborns of women receiving services through this Program are frequently assessed and enrolled during the postpartum home visit. Additionally, any child under age two who is identified by the primary care provider can be referred to the Program. The PCP may use the *Local Health Services Request Form (DHMH 4582)* (Refer to Section 5 – Addendum) or call the local health department's Healthy Start Program to initiate case-management services (Refer to Section 7 – Appendix V).

Maryland Infant and Toddlers Program - Early Intervention Services

This Program provides therapy services and intensive case-management for infants and children from birth to age 3 years who are at-risk of or experiencing developmental delays. There is no financial eligibility requirement. Eligibility is based solely on developmental delay, atypical behavior, or a diagnosed

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developmental condition. Obtain more information about services by calling the **Maryland Infants & Toddlers Program at 1-800-535-0182**.

Head Start Program

The Head Start and Early Head Start Programs are federally funded child development programs for children through 4 years of age whose family income is below the Federal Poverty Level. Financial eligibility guidelines for the program are similar to Medical Assistance (MA) and Maryland Children's Health Program (MCHP) income guidelines, and therefore, the majority of Head Start children should be enrolled in MA or MCHP. If they are not enrolled in MA/MCHP, families should complete an application for the **Maryland Children's Health Program** by calling the local health department (Refer to Section 7 – Appendix V) or **1-800-456-8900**.

The Head Start Program requires a full preventive care visit, according to the Maryland Healthy Kids Program standards, and documented results of screening tests, within 90 days of enrollment. A health coordinator at each local Head Start facility is available to help the family comply with health care recommendations.

E. SPECIALTY MENTAL HEALTH SYSTEM (SMHS)

The **Specialty Mental Health System**, frequently called the Public Mental Health System, provides a full range of mental health services. The Maryland Mental Hygiene Administration (MHA), along with local Core Service Agencies (CSAs), has oversight of the mental health authorities in each jurisdiction. Specialty mental health services are available free of charge to all Medicaid recipients.

Primary mental health care is defined by COMAR regulations as “the clinical evaluation and assessment of mental health services needed by an individual and the provision of services or referral for additional services as deemed medically necessary and appropriate by a primary care provider”.¹ Examples of “primary mental health” conditions associated with a physical health need are:

<u>ICD-9 Dx Code</u>	<u>Description</u>
294.0	Amnestic Syndrome
294.8	Other specified organic brain syndromes (chronic)
294.9	Unspecified organic brain syndromes (chronic)
299.00 - 299.91	Psychoses with origin specific to childhood (except for 299.9)
301.7	Antisocial personality disorder
302.70 - 302.79	Psychosexual dysfunction

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¹COMAR 10.09.62.151

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306.0 - 306.9	Psychological malfunction arising from mental factors
307.0	Special symptoms of syndromes, not elsewhere classified, NEC
307.2	Tics
307.40 - 307.49	Specific disorders of sleep of nonorganic origin
307.09	Other and unspecified special symptoms or syndromes, NEC
316	Psychic factors associated with disease classified elsewhere

PCPs should contact the child's MCO with questions about management and billing of primary mental health care services. For Medicaid children who are not in a MCO, providers can bill Medicaid fee-for-service directly using evaluation and medical management CPT codes.

When a child needs mental health services beyond the scope of primary care, refer them to the Specialty Mental Health System's Administrative Services Organization, **American Psychological Services (APS) Healthcare** at **1-800-888-1965**.